

Please type a plus sign (+) inside this box → +

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	043850.016				
	First Named Inventor	RANDALL HEATH				
	Original Patent Number	6,324,796				
	Original Patent Issue Date (Month/Day/Year)	12/04/2001				
	Express Mail Label No.	EV 327362324 US				
APPLICATION FOR REISSUE OF: (check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent						
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 50%;">APPLICATION ELEMENTS (37 CFR 1.173)</th><th style="width: 50%;">ACCOMPANYING APPLICATION PARTS</th></tr></thead><tbody><tr><td style="vertical-align: top;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i></p><p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format <i>(amended, if appropriate)</i></p><p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i></p><p>5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i></p><p>6. <input checked="" type="checkbox"/> Power of Attorney</p><p>7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i></p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <i>(PTO/SB/96)</i></p><p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program <i>(Appendix) or large table</i></p><p>9. Nucleotide and/or Amino Sequence Submission <i>(if applicable, all of the following are necessary)</i></p><p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CFR)</p><p style="margin-left: 20px;">b. Specification Sequence Listing on:</p><p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p><p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p><p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p></td><td style="vertical-align: top;"><p>10. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).</p><p>11. <input type="checkbox"/> Original U.S. Patent for surrender</p><p style="margin-left: 20px;"><input type="checkbox"/> Ribbioned Original Patent Grant</p><p style="margin-left: 20px;"><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p><p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></p><p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p><p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></p><p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p><p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p><p>17. <input type="checkbox"/> Other: _____</p></td></tr></tbody></table>			APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS	<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format <i>(amended, if appropriate)</i></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i></p> <p>5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i></p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i></p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <i>(PTO/SB/96)</i></p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program <i>(Appendix) or large table</i></p> <p>9. Nucleotide and/or Amino Sequence Submission <i>(if applicable, all of the following are necessary)</i></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>10. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>11. <input type="checkbox"/> Original U.S. Patent for surrender</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ribbioned Original Patent Grant</p> <p style="margin-left: 20px;"><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>17. <input type="checkbox"/> Other: _____</p>
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS					
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format <i>(amended, if appropriate)</i></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i></p> <p>5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i></p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i></p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <i>(PTO/SB/96)</i></p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program <i>(Appendix) or large table</i></p> <p>9. Nucleotide and/or Amino Sequence Submission <i>(if applicable, all of the following are necessary)</i></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>10. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>11. <input type="checkbox"/> Original U.S. Patent for surrender</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ribbioned Original Patent Grant</p> <p style="margin-left: 20px;"><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>17. <input type="checkbox"/> Other: _____</p>					

14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	25461 <i>(Insert Customer No. or Attach bar code label here)</i>	<input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

NAME (Print/Type)	Christopher A. Holland	Registration No. (Attorney/Agent)	46,316
Signature		Date	Sept. 26, 2003

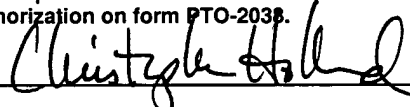
Burden Hour Statement: This form is estimated to take 62 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

09/26/03 17119 U.S. PTO

21906 U.S. PTO
10/673074

092603

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 043850.016		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 10 (C) 3	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 10 (D) 3	* 0 =	X=	0	or	X\$ _____ =	
			* 0 =	X\$ _____ =	0		X\$ _____ =	
Basic Fee (37 CFR 1.16(h))					\$375		OR	
Total Filing Fee					\$375			\$ _____
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 10	MINUS	** 20	* =0	X\$ _____ =	0	or	X\$ _____ =
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	3	=0	X\$ _____ =	0		X\$ _____ =
Total Additional Fee					\$0		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>375</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p>								
September <u>26</u> , 2003								
Date				Signature of Applicant, Attorney or Agent of Record				
				Christopher A. Holland, Reg. No. 46,316				
				Typed or printed name				